

# APPLICATION FOR EMPLOYMENT



## Town of Erving

We consider applicants for all positions without regard to race, color, religious creed, national origin, gender, ancestry, sexual orientation, age, handicap, gender identity, genetic information or military service.

**(PLEASE PRINT)**

Position(s) Applied For _____	Date of Application _____	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s) [H] _____	[M] _____	Email Address: _____

Best time to contact you at home is: _____ : _____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work ____/____/____ What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full Time (Please indicate 1 2 3 shift) <input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (Please indicate dates available ____/____ - ____/____)
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	

SCHOOL	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Name and Address of Employer & Date of Employment	Position and Duties	Reason for Leaving
Phone: Dates (From/To):		

**Comments: Include explanation of any gaps of employment:**


**Describe any job related training received in the military:**


**List professional, trade, business or civic activities and offices held: *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.***


## CERTIFICATIONS, TRAINING AND PROFESSIONAL LICENSES

List job-related certificates or licenses that you possess, and/or academic and professional achievement awards, publications and special training <i>Exclude those which reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>	<b>Date Awarded</b>

## SKILLS

In addition to work history, what other experiences, skills or qualifications would be applicable to position applied for: (Include computer skills, software knowledge, machinery or equipment able to operate, etc).


## ADDITIONAL COMMENTS


## REFERENCES

**Please list three employment-related references that are familiar with your work. Do not list friends or family.**

Name	Address	Phone	Place of Employment	Position Held
1.				
2.				
3.				

## EMERGENCY CONTACT INFORMATION

Full Name:	Address:	Phone(s):
Place of Employment:	Address:	Phone:
Relationship to you:		

**Pre-Employment Checks:** Certain positions shall require the prospective employee to undergo a physical exam and/or drug and alcohol screening prior to the start of actual employment to ensure the employee's ability to perform the essential functions of the job. The Town of Erving covers the cost of mandated health exams and drug and alcohol screenings.

*Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

**PLEASE DO NOT RETURN THIS APPLICATION WITHOUT SIGNING THE APPLICANT'S STATEMENT ON THE BACK →**

**APPLICANT’S STATEMENT:**

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may be not changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date